

WHH LOCAL PERINATAL MATERNAL MORTALITY MEETINGS

**VENUE: William Harvey Hospital, 13.30-15.30
 11 September 2020
 CASES**

Still Births					
Initials	Patient No	Age	BMI:	Gestation: 22/40	Parity:
[REDACTED]	[REDACTED]		PMH: POH:		
Synopsis of Events				Learning Points	Action
<p>Have requested that a hospital number be generated for this patient as this baby was a live birth and will therefore need to be fully admitted and discharged. A full set of patient notes will be made. [REDACTED]The neonatal team attended following discussions and pre-birth counselling with parents. Care was redirected [REDACTED] baby passed away [REDACTED]. This baby's death was not as a result of any act or omission by EKHUFT staff. The baby's death has been referred to the Coroner. The MCCD has not yet been issued to the family whilst awaiting a decision. [REDACTED] [REDACTED]Bereavement midwife has been in regular contact with mother offering support. Neonatal bereavement lead also called mother to see if she had any additional questions or whether she needed additional support whilst bereavement midwife on sick leave. Mother remains concerned regarding some aspects of maternity care (antenatal) and has a meeting scheduled with Matron regarding this. Mother happy with care of baby and reports that she is coping well with arrangements and does not need any additional support. [REDACTED]</p>				<p>SOP being written re preterm labour clinics. Discussion surrounding taking a swab prior to inserting suture or giving antibiotics which happened in this case.</p>	<p>SOP being written by [REDACTED]not to be disseminated until clinics introduced.</p>
Neonatal Deaths					

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[REDACTED] [REDACTED]	[REDACTED] [REDACTED]		PMH: POH:		
Synopsis of Events				Learning Points	Action
<p>[REDACTED] [REDACTED] [REDACTED] [REDACTED] Left MLU in wheelchair to transfer to labour ward. Labour ward informed and co-ordinator bleeped the consultant to attend. He refused and asked the co-ordinator to call the registrar to attend. Registrar bleeped and attended. [REDACTED] Reg on call performed v/e. [REDACTED] Neonatal team called for instrumental delivery but busy and would attend when free. [REDACTED] [REDACTED] [REDACTED] Placenta sent for histology.</p> <p>[REDACTED] [REDACTED]/2020 baby referred to HSIB [REDACTED]</p> <p>UPDATE FROM ATAIN MEETING Care in NICU: [REDACTED]</p>				RCA in progress and issue around paperwork in HR policy not being completed by DSAs when locums join the Trust.	

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[REDACTED]					
Placental histopathology: [REDACTED] [REDACTED]					
Initials	Patient No	Age	BMI:	Gestation:	Parity
[REDACTED] [REDACTED]	[REDACTED] [REDACTED]		PMH: POH:		
Synopsis of Events				Learning Points	Action
[REDACTED] [REDACTED] [REDACTED] [REDACTED]				Possible delay in treating sepsis. [REDACTED] . Non SI AAR undertaken	See Non SI Aar action plan
Initials	Patient No	Age	BMI:	Gestation:	Parity
[REDACTED] [REDACTED]	[REDACTED] [REDACTED]		PMH: POH:		
Synopsis of Events				Learning Points	Action

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[REDACTED]				SBAR on handover. Following up on tests and results. Non SI AAR undertaken	See Action plan of AAR
Neonatal Morbidity					
Initials	Patient No	Age	BMI:	Gestation:	Parity
[REDACTED]	[REDACTED]		[REDACTED] [REDACTED]		
Synopsis of Events				Learning Points	Action
[REDACTED]				Interesting CTG and lack of cycling.	To be used as teaching material for lunchtime CTG reviews Sent to PD team for training.
Initials	Patient No	Age	BMI:	Gestation:	Parity
[REDACTED]	[REDACTED]		PMH: POH:		
Synopsis of Events				Learning Points	Action
[REDACTED]				? should have had sepsis screen when had 2x temperatures over 37.5. Guideline	Guideline amended to reflect this.
Discharged day 4 with [REDACTED] Discharged from midwifery care day 12 with no further concerns in postnatal period					

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				states 2 x temp over 38 and 1x over 38.5	
Maternal Death					
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[REDACTED]	[REDACTED]		PMH: POH:		
Synopsis of Events				Learning Points	Action
<p>[REDACTED] initial review, "My understanding is that the woman had delivered via elective caesarean section 3 weeks previously, [REDACTED] & then was discharged home. This is in keeping with the RCOG guidance for thromboprophylaxis (All women who have had caesarean sections should be considered for thromboprophylaxis with LMWH for 10 days after delivery apart from those having an elective caesarean section who should be considered for thromboprophylaxis with LMWH for 10 days after delivery if they have any additional risk factors). She didn't have any additional risk factors. [REDACTED]</p> <p>[REDACTED] Will upload to the NRLS and downgrade once Care Group have reviewed. [REDACTED] Head of Patient Safety. Referred to HSIB and MBRRACE [REDACTED]</p>				Not presented; for next month.	

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